

PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent Advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 07/14/2004

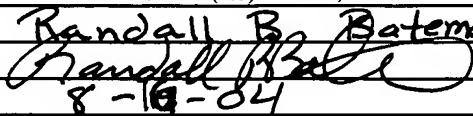
RANDALL B. BATEMAN
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P.O. BOX 1319
SALT LAKE CITY, UT 84110
08/20/2004 MMEDONE1 00000102 10069052

01 FC:2501 665.00 OP
02 FC:8001 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,052	02/21/2002	John Scott Strachan	2199.GEMA3PT	9306

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.


Randall B. Bateman (Depositor's name)
Randall B. Bateman (Signature)
8-16-04 (Date)

TITLE OF INVENTION: MOLECULAR RESONANCE STIMULATED BY LOW INTENSITY LASER LIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$665	\$0	\$665	10/14/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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SHAY, DAVID M	3739	607-089000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BATEMAN IP LAW GROUP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Todd Orotaitys, M.D.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Del Mar, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

Randall B. Bateman
Aug 16, 2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/069,052
		Filing Date	February 21, 2002
		First Named Inventor	Scott S, Strachan
		Group Art Unit	3739
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket No.	2199.GEMA.PT

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Extension of Time Request _____ month	<input type="checkbox"/> Maintenance Fee Transmittal _____ year
<input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief	<input type="checkbox"/> Fee Calculation Table	<input type="checkbox"/> Missing Parts Response
<input type="checkbox"/> Assignment with Cover Sheet	<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449	<input type="checkbox"/> Notification of Change of Attorney Address & Docket Number
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Copies of IDS References	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Check in the amount of \$_____	<input checked="" type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Revocation & Power of Attorney
<input checked="" type="checkbox"/> Credit card authorization in the amount of \$ <u>695.00</u>		<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Declaration & Power of Attorney		<input type="checkbox"/> Other:
<input type="checkbox"/> Drawings _____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Attorney for Applicant	Randall B. Bateman, Registration No. 37,774 4 Triad Center, Suite 825 P. O. Box 1319 Salt Lake City, Utah 84110 (801) 533-0320 telephone: (801) 533-0323 facsimile		
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Signature		Date	08-16-04
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CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

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Typed or Printed Name	Randall B. Bateman		
Signature		Date	08-16-04